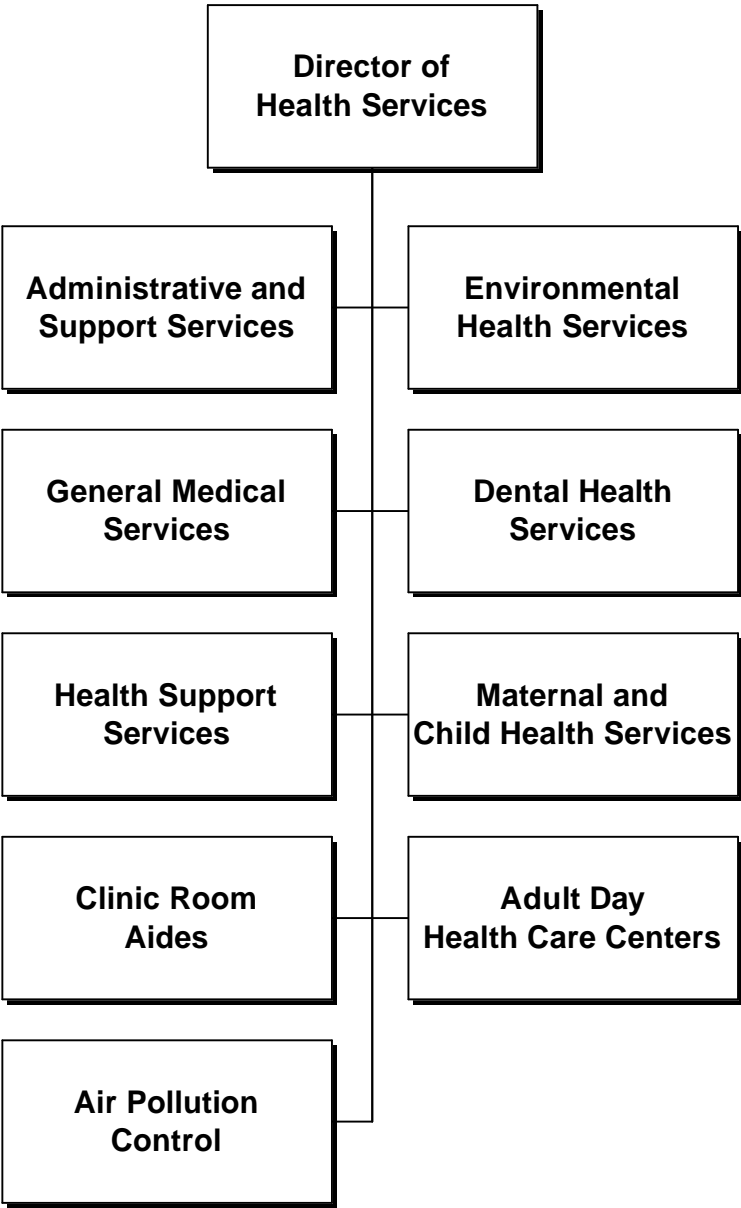


HEALTH DEPARTMENT



HEALTH DEPARTMENT

Agency Position Summary

561	Regular Positions (7) (-1T)	/	489.71	Regular Staff Years (5.53) (-1.0T)
<u>26</u>	Grant Positions	/	<u>25.13</u>	Grant Staff Years
587	Total Positions (7) (-1T)	/	514.84	Total Staff Years (6.53) (-1.0T)

Position Detail Information

DIRECTOR OF HEALTH SERVICES

1	Director E
1	Position
1.0	Staff Year

ADMINISTRATIVE AND SUPPORT SERVICES

1	Deputy Director
1	Director of Nursing Svcs.
3	Administrative Assistants III
1	Administrative Assistant II
6	Positions
6.0	Staff Years

HEALTH SUPPORT SERVICES

1	P.H. Laboratory Director
2	P.H. Lab Supervisors
7	P.H. Lab Technologists
1	Pharmacist
1	Health Svcs. Comm. Spec.
1	Management Analyst II
1	Administrative Assistant III
1	Administrative Assistant II
15	Positions
15.0	Staff Years

ENVIRONMENTAL HEALTH SERVICES

1	Director of Environ. Health
2	Environmental Health Program Managers
5	Environ. Health Suprvs. (-1T)
14	Environ. Health Specialists III
31	Environ. Health Specialists II
1	Administrative Assistant V
3	Administrative Assistants III
8	Administrative Assistants II
65	Positions (-1T)
65.0	Staff Years (-1.0T)

PT Denotes Part-Time Positions
E Denotes Exempt Position
() Denotes New Positions
(- T) Denotes Position Transferred Out

DENTAL HEALTH SERVICES

3	Public Health Dentists I
1	Administrative Assistant II
4	Positions
4.0	Staff Years

GENERAL MEDICAL SERVICES

1	Public Health Doctor
2	Comm. Health Specialists
6	Public Health Nurses IV
5	Public Health Nurses III
33	Public Health Nurses II, 1 PT
1	X-Ray Technician
2	Administrative Assistants V
6	Administrative Assistants III
10	Administrative Assistants II
1	Administrative Assistant I
1	Management Analyst IV
2	Management Analysts II
6	Social Workers II
1	Human Service Worker II
2	Speech Pathologists II
2	Asst. Directors of Nurses
1	Resource Dev./Training Mgr.
82	Positions
81.5	Staff Years

AIR POLLUTION CONTROL

1	Environ. Health Spec. III
2	Environ. Health Specs. II
3	Positions
3.0	Staff Years

MATERNAL AND CHILD HEALTH SERVICES

3	Public Health Doctors
1	Asst. Director of Nurses
7	Public Health Nurses IV
7	Public Health Nurses III (1)
96	P.H. Nurses II, 21 PT
1	Eligibility Supervisor
1	Physical/Occupational Therapy Supervisor
1	Physical Therapist II
4	Speech Pathologists II
2	Audiologists II
3	Administrative Assistants V
4	Administrative Assistants III
15	Administrative Assistants II
1	Administrative Assistant I
6	Human Service Workers II
1	Human Services Assistant
153	Positions (1)
150.7	Staff Years (1.0)

CLINIC ROOM AIDES

188	Clinic Room Aides, PT (6)
188	Positions (6)
119.51	Staff Years (4.53)

ADULT DAY HEALTH CARE CENTERS

1	Public Health Nurse IV
5	Public Health Nurses III
5	Public Health Nurses II
5	Administrative Assistants IV
18	Home Health Aides
5	Senior Center Assistants
5	Recreation Specialists III
44	Positions
44.0	Staff Years

The details of the agency's 26/25.13 SYE grant positions within Fund 102, Federal State Grant Fund, are included in the Summary of Grant Positions in Volume 1.

HEALTH DEPARTMENT

Agency Mission

To promote and protect the health and environment of all people through leadership and provision of services within its communities.

Agency Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	553/ 480.76	553/ 480.76	555/ 485.18	563/ 491.71	561/ 489.71
Expenditures:					
Personnel Services	\$23,850,427	\$24,624,215	\$24,874,215	\$26,617,245	\$26,338,692
Operating Expenses	12,943,705	13,482,604	14,659,469	14,945,533	13,945,276
Capital Equipment	262,109	60,000	60,000	23,061	0
Subtotal	\$37,056,241	\$38,166,819	\$39,593,684	\$41,585,839	\$40,283,968
Less:					
Recovered Costs	(\$103,503)	(\$107,279)	(\$107,279)	(\$112,551)	(\$112,551)
Total Expenditures	\$36,952,738	\$38,059,540	\$39,486,405	\$41,473,288	\$40,171,417
Income/Revenue:					
Elderly Day Care Fees	\$594,135	\$739,722	\$666,730	\$721,053	\$721,053
Elderly Day Medicaid Services	100,463	134,113	134,113	134,113	134,113
Fairfax City Contract	602,238	614,283	548,895	559,872	559,872
Falls Church Health Department	148,103	137,445	155,732	158,845	158,845
Licenses, Permits, Fees	2,509,784	2,598,566	2,725,832	2,860,306	2,860,306
State Reimbursement	8,210,398	7,138,165	7,913,107	7,913,107	7,913,107
Air Pollution Grant	68,850	68,850	68,850	68,850	68,850
Total Income	\$12,233,971	\$11,431,144	\$12,213,259	\$12,416,146	\$12,416,146
Net Cost to the County	\$24,718,767	\$26,628,396	\$27,273,146	\$29,057,142	\$27,755,271

Summary by Cost Center					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Administration and Support Services	\$1,540,523	\$1,334,027	\$1,569,642	\$1,635,897	\$1,581,698
Dental Health Services	453,221	461,396	494,905	468,909	466,315
Environmental Health Services	4,091,846	4,361,725	5,177,567	5,801,205	4,773,172
Family Planning Services	213,216	0	0	0	0
General Medical Services	13,272,492	13,979,365	14,113,271	14,342,852	14,308,454
Maternal And Child Health Services	9,388,075	10,009,923	9,900,574	10,572,770	10,505,921
Health Support Services	1,808,019	1,960,365	1,950,022	2,018,853	2,012,507
Clinic Room Aides	4,016,666	3,658,511	4,141,023	4,158,338	4,130,396
Adult Day Health Care Centers	1,845,419	1,991,812	2,034,648	2,153,336	2,074,634
Air Pollution Control	323,261	302,416	104,753	321,128	318,320
Total Expenditures	\$36,952,738	\$38,059,540	\$39,486,405	\$41,473,288	\$40,171,417

NOTE: The Family Planning Services cost center was combined with Maternal and Child Health Services in FY 2003.

HEALTH DEPARTMENT

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2004 Advertised Budget Plan, as approved by the Board of Supervisors on April 28, 2003:

- ◆ A decrease of \$1,000,000 for the transfer of costs of a large portion of West Nile virus mosquito surveillance and treatment activities and 1/1.0 SYE Environmental Health Supervisor (Entomologist) position to Fund 116, Integrated Pest Management Program, where the activities and position will be supported by fund balance. This adjustment results in a decrease of \$70,000 in Personnel Services and \$930,000 in Operating Expenses. After this adjustment, there will be \$1.0 million in Fund 116 and \$0.6 million remaining in the General Fund (Health Department) for West Nile virus control. It is noted that during its 2002 session, the General Assembly approved authorization for jurisdictions to amend their pest Service Districts to include mosquitoes. The required action to amend the Service District is underway and is anticipated to be approved by the Board of Supervisors by July 1, 2003.
- ◆ A decrease of \$63,929 and 1/1.0 SYE new position included in the FY 2004 Advertised Budget Plan which was to have supported the opening of the Little River Glen Adult Day Health Care Center. This facility is now scheduled to open in FY 2005, and current participants in the Annandale Adult Day Health Care Center who were expected to transfer to the new facility will continue to be served at the Annandale Center, which will not close in FY 2004. This adjustment results in a decrease of \$21,511 in Personnel Services, \$19,357 in Operating Expenses, and \$23,061 in Capital Equipment.
- ◆ A decrease of \$187,042 reflects reduced funding for the Pay for Performance program. Based on the approved 25 percent reduction, the FY 2004 program will result in reductions in the increases employees will receive based on their performance rating, capping employees to a maximum of 5.25 percent. This adjustment leaves in place the Pay for Performance program in preparation for system redesign for FY 2005.
- ◆ A decrease of \$50,900 for PC Replacement charges based on the reduction in the annual contribution for PC replacement by \$100 per PC, from \$500 to \$400.

The following funding adjustments reflect all approved changes to the FY 2003 Revised Budget Plan from January 1, 2003 through April 21, 2003. Included are all adjustments made as part of the FY 2003 Third Quarter Review:

- ◆ An increase of \$250,000 in Clinic Room Aide salaries to offset higher than anticipated costs primarily associated with training and set-up days at all schools and the increased number of school days associated with 7 year-round schools.
 - ◆ An increase of \$737,875 for West Nile virus program management, surveillance and treatment activities based on actual program requirements for the fall and spring seasons.
-

HEALTH DEPARTMENT

County Executive Proposed FY 2004 Advertised Budget Plan

Purpose

The agency has four core functions as the foundation upon which service activities are based:

1. Prevent epidemics and the spread of disease;
2. Protect against environmental hazards;
3. Promote and encourage healthy behaviors; and
4. Assure the quality and accessibility of health services.

The control of communicable diseases involves services ranging from restaurant inspections (food borne illnesses) to directly observed therapy for active tuberculosis patients (air-borne illnesses) to investigation/monitoring of reportable diseases. An integral component of all agency activities is education to promote healthy behaviors by educating food handlers, teaching about HIV/AIDS, providing classroom instruction in the schools, and offering one-on-one teaching/counseling to a new mother or pregnant woman. Over the past several years, as collaborative efforts have increased and more public/private partnerships have been established, the Health Department has emphasized the function of assuring the quality and accessibility of health care. The objectives of the Nation's Healthy People Report, recently revised for 2010, provide a guide for the Goals, Objectives and Performance Measures reflected in each of the cost centers.

During FY 2002 - FY 2004, increased emphasis has been placed on assuring the agency's ability to respond to emerging public health issues/threats. In addition, the agency continues to streamline and redesign existing services in order to respond to increased service demands in a time of decreasing resources. It is anticipated that by FY 2004 the agency will have a dynamic 3-5 year strategic plan in place to guide future activities. This strategic plan will proactively address these current demands and threats, and will incorporate the Nation's 2010 Health Objectives which currently guide agency services.

In FY 2002, the agency focus was on the bio-terrorism event of Anthrax. Collaborative and volunteer efforts with the public and private sector in Northern Virginia allowed this threat to be addressed. In FY 2003, the mosquito borne West Nile virus emerged as a public health threat. Bioterrorism also continued as an area of significant concern.

The West Nile virus is well established in the area, and its presence is expected to continue to magnify in FY 2004. A continuing effort will be needed for disease surveillance, prevention, and education of the public on how to protect against mosquitoes. A coordinated, multi-agency, mosquito management program will focus on treating ponds and standing water to prevent a proliferation of the mosquito population in order to reduce the public health impact of the virus. In FY 2003 a position was redirected from the Fund 116 Forest Pest Program to the Health Department to oversee and guide this coordinated response. In FY 2004 this position is transferred back to Fund 116, which now holds a portion of the funding support for West Nile virus, pending the Board of Supervisors' approval of the expansion of the Fund 116 special service district to reflect the inclusion of insects that may carry a disease that is dangerous to humans.

Bioterrorism and communicable disease response will be enhanced in FY 2003 and future years with the creation of a structured, centralized Epidemiology Unit. The awarding of two positions (one at the State level and a second at the County) from federal bioterrorism grants (through the State Health Department) has provided some of the staffing support for this unit. The unit focus will be on the control of communicable diseases including monitoring of disease reporting, disease outbreak investigations and surveillance. In addition, the unit will serve as a focal point for bioterrorism preparation activities, and will facilitate more effective coordination and communication within the local, regional and metro areas and with the Virginia Department of Health.

HEALTH DEPARTMENT

Demand for services continues to increase and exceed the current capacity of the health system. The agency response to this increased Clinical Services demand has been the restructuring of a number of services so that resources can be best directed to meet key populations and so that manageable workloads can be re-established. At the end of FY 2002, the Community Health Care Network Program was redesigned by requiring a longer residency period for eligibility, eliminating emergency enrollments, restricting referrals to private physicians, and directing patients to other centers or services that are more available. Modifications in other clinical services, which have experienced an increased demand of 30 percent since 1998, have included modifications in hours and in type of service, and staff resources have been reallocated to critical need areas. The agency response to increased demands of population growth and public facility expansions (i.e., swimming pools and restaurants) on the Environmental Health Division has been to re-prioritize field work to reduce the workload per staff to manageable levels and to link establishment inspections to health risks. All services provided by the Environmental Health Division are mandated either by County Ordinance or State Code.

In FY 2003, the agency must come into full compliance with Title VI, Civil Rights Act, regarding Limited English Proficiency (LEP) clients, and move toward compliance with HIPAA (Health Insurance Portability and Accountability Act). HIPAA is a new Federal mandate that focuses on ensuring the privacy of patient medical information. While the original regulations had focused on safeguarding the electronic transfer of medical information, the addition of privacy regulations resulted in a significant focus on record management versus technology. Since HIPAA affects such a wide range of activities -- from sign in sheets in a reception area that may violate privacy to how records are securely (and privately) transported in the cars of Public Health Nurses making home visits -- many policies and procedures relating to record management and storage must be formalized and implemented in FY 2003.

Key Accomplishments

- ◆ Developed a rapid communication system (via e-mail, blast FAX) for the dissemination of health alerts to local hospitals, private physicians, laboratories and free-standing medical care facilities.
- ◆ Restructured the communicable disease unit to form a centralized Epidemiology Unit that will be the focal point for bioterrorism preparation activities and community disease/reportable disease monitoring, surveillance and outbreak investigation.
- ◆ Established a subcommittee of the County's Environmental Coordinating Committee to examine the challenges of addressing West Nile virus prevention, and to identify cross-agency strategies for the future direction and approach to mosquito surveillance and the treatment of geographically affected areas. The subcommittee met throughout FY 2003, and identified the lack of in-house expertise as one of the gaps in the County's current ability to plan for the continuing and growing requirements for managing this virus. In calendar year 2002, with 13 confirmed human cases of West Nile virus (WNV), Fairfax County reached Risk Level 5 as defined in the *West Nile Virus Response Plans* issued by the Virginia Department of Health (VDH) and the Washington Metropolitan Council of Governments Health Officers Committee (COG). Risk Level 5 is the highest defined risk level and indicates West Nile virus is endemic to the County and is here to stay for the foreseeable future. As a result of this risk, the County Executive redirected a vacant position to the Health Department West Nile virus program from Fund 116, Forest Integrated Pest Management Fund, so that an Entomologist (Environmental Health Supervisor) could be established to take the lead in coordinating the County's response to this disease and to develop a comprehensive mosquito surveillance and management plan for Fairfax County which can suppress the WNV in the bird and mosquito population and slow the transmission to humans. This position is being transferred back to Fund 116 in FY 2004, which now holds a portion of the funding support for West Nile virus activities.
- ◆ Complied with the "Limited English Proficiency" section of Title VI, Civil Rights Act, as certified by the U.S. Office of Civil Rights. This compliance was the culmination of one year's work to get staff trained, certified interpreter services in place, and all brochures and client documents translated into the top five languages.

HEALTH DEPARTMENT

- ◆ Drafted proposed comprehensive amendments to ordinances regulating onsite sewage disposal systems.
- ◆ Initiated a consolidation of the Health Department Stream Monitoring Program with the Department of Public Works Environmental Services Stream Protection Strategy Program, in order to maximize County resources.
- ◆ Replaced the SWEEPS software for database management by integrating the agency's system with the State Health Department's "Health Space Database Management System", so that the agency's database management system is compliant and consistent with the State database. This will allow for restaurant inspection results to be placed on the Internet for public view and will allow, in the future, for other information to be available to the public.
- ◆ Implemented a shared eligibility enrollment data base of patients. Information is shared, by permission of the patient, with other medical programs providing care to low-income/uninsured patients, including Inova Health System, Northern Virginia Mobile Health Clinics, and County programs. The new system reduces the administrative enrollment effort across the agencies/institutions and relieves the patient of repeating needed eligibility information for each provider.
- ◆ Implemented a syndromic disease surveillance system in collaboration with Inova Health System, Reston Hospital, and the Virginia Department of Health. The system is ongoing around-the-clock, 365 days a year.
- ◆ Provided training to area physicians, hospital infection control practitioners, and discharge planners regarding the new Tuberculosis Laws enacted by the General Assembly.
- ◆ Developed and conducted Bio-preparedness Training for all agency staff.

FY 2004 Initiatives

- ◆ Serve a pivotal role in the development of local, regional, and State disaster plans to minimize the adverse public health consequences of any biological or chemical event.
- ◆ Finalize the strategic plan for the agency so that it can guide future program expansions, additions, elimination and continuation of services; Modify agency performance measures to be consistent with strategic plan.
- ◆ Initiate a multi-agency approach to mosquito control and abatement in an effort to prevent and/or control the impact of West Nile virus.
- ◆ Post Food Safety reports on the Internet for ease of consumer reference.
- ◆ Complete the laboratory information management system interface with LabCorp reference laboratory and Wellness Center Medgate system to establish an electronic maintenance system of laboratory results.
- ◆ Continue efforts to achieve the objectives outlined in the Healthy People 2010 report.
- ◆ Open school clinics in four new schools becoming operational in September 2003, including Island Creek (Kingstowne), Andrew Chapel (Vienna), Lorton Station (Lorton) and NE Centreville (Union Mill).

HEALTH DEPARTMENT

- ◆ Develop a comprehensive plan with County agencies, hospital systems and physicians that provides for the identification, set up and management of mass smallpox vaccinations and alternative treatment sites.
- ◆ Conduct ongoing table top exercises for Health Department staff to ensure bioterrorism preparedness.
- ◆ Continue to explore with Inova Hospital for Women and Children alternatives for provision of prenatal care including target case management.

FY 2004 Budget Reductions

As part of the FY 2004 Advertised Budget Plan, reductions totaling \$394,855 and the closure of an adult day care center is proposed by the County Executive for this agency. The reductions include:

- ◆ Reduction of \$267,855 resulting from the closing of the Annandale Adult Day Health Care Center. This closure will permit the consolidation of the existing 25 program participants and 8/8.0 SYE supporting staff into the new Little River Glen Adult Day Care Center, 6 miles from the existing Annandale Center. Little River Glen Adult Day Care Center is scheduled to open in January 2004 and is part of a larger multi-purpose senior facility being developed as a public/private partnership. The Center consists of 9,000 square feet of space and is built to current industry standards for community adult day health care centers. Little River Glen Adult Day Health Care Center will have the capacity to serve an average of 35 participants, allowing for some program expansion to new participants. As a result of the redirection of existing staff, only one new staff person will be required to expand the number of participants served and to meet staff licensing requirements which relate to the appropriate ratio between staff and participants.
- ◆ Reduction of \$127,000 for HIV grants. This reduction eliminates County HIV-prevention contract funding to community based organizations. Currently 3 organizations are supported with this prevention funding, providing educational sessions and outreach. Individuals served under these programs include adult and adolescent men, youth in the Fairfax County Public Schools and alternative schools, active substance abusers, and the homeless. Remaining after this reduction is County funding for Inova's care to those with HIV disease and 8 County positions who provide direct community outreach and targeted HIV/AIDS education at the jail, schools, and community meetings, and who provide testing, screening, and counseling at Health clinics. Until this year, Virginia Department of Health HIV funding had also been provided by the County to organizations under the Minority AIDS Project and the Community Collaborative Program. The County has been notified that the Community Collaborative Program will not be renewed in FY 2003 and funding for the Minority AIDS Project will end in mid FY 2004.

Performance Measurement Results

The agency, as reflected in its mission, has two overarching goals: (1) the protection of the public health and environment and (2) assuring access and availability of health services in the community. The services, activities and programs reflected in the 9 major cost centers of the agency are guided by objectives that are directly tied to the goals, and, in most instances, are aligned with the Healthy People 2010 objectives. Each cost center has one or more Performance Measure based on outcomes, which reveal the value of the service to the community.

In FY 2002, the Health Department achieved the majority of its performance measures and exceeded the measures for customer satisfaction throughout most Patient Care service areas. The health of babies born to women receiving care through the Health Department exceeded the level of the County and the State. The completion rate for tuberculosis medications reached the stated goal, even while the rate of tuberculosis continues to exceed the rate for the State and the desired rate for the nation.

HEALTH DEPARTMENT

However, some performance measurements were not met in FY 2002. In FY 2002 the West Nile virus demanded a significant staff effort from the Environmental Services Branch, making it difficult for that branch to reach its goal for percent of community health and safety complaints resolved within 60 days. The Dental Program changed its focus in FY 2002 - FY 2003, which impacted its performance indicators because a smaller client base than originally estimated was served. The program focus was placed on children not eligible for Medicaid/FAMIS and who had no other source of care in the community. The complexity of the dental needs of these children posed a challenge to completing the plan of treatment within a one year period of time. Finally, the General Medical Services Branch provided fewer than anticipated immunizations because the availability of vaccines was unpredictable due to difficulties with manufacturers. The availability of vaccines has been corrected on the federal level so immunizations are expected to be at a higher level in FY 2003 and FY 2004.

Improvements will continue to be made by the agency to address client demand through the realignment/redirection of existing resources in Patient Care Services, Environmental Health, and the Laboratory (Health Support Cost Center). Actions have been taken to modify the service delivery systems to improve waiting times and to facilitate staff reallocation to priority critical demand areas.

Funding Adjustments

The following funding adjustments from the FY 2003 Revised Budget Plan are necessary to support the FY 2004 program:

- ◆ An increase of \$1,676,845 for salary adjustments necessary to support the County's compensation program and existing staff.
- ◆ An increase of \$316,185 in salaries for 8/6.53 SYE new positions. This salary increase incorporates County Executive reduction of \$241,532 for salaries of Annandale Adult Day Care Center because the positions are being redirected to the opening of the Little River Glen Adult Day Care in January 2004, minimizing new salary costs. Funded new positions include: 4/2.53 SYE Clinic Room Aides and 1/1.0 SYE Public Health Nurse II supporting the opening of 4 new Fairfax County Elementary Schools in September 2003, 2/2.0 SYE Clinic Room Aides to act in a roving capacity for coverage at 184 schools, and funding of 1/1.0 SYE Home Health Aide position for the January 2004 opening of Little River Glen Adult Day Care Center. Together with the redirection of 8/8.0 SYE existing staff from the Annandale Adult Day Care Center, this 1/1.0 SYE new position for Little River Glen will provide a staff complement of 9/9.0 SYE positions which will serve an average daily population of 35 frail elderly and adults with disabilities. Little River Glen, a combined facility of 60 units of assisted living space and an 8,000 square foot Adult Day Health Care Program, is currently under construction and will open in January 2004.
- ◆ A net increase of \$1,023,939 in Operating Expenses attributable to:
 - a decrease of \$425,040 in Operating Expenses not required for FY 2004 results as a result of the one-time carryover of expenditures for health services and for equipment and supplies ordered and not received, offset by the Operating Expenses of new positions supporting new elementary school openings;
 - a net increase of \$19,357 related to the operating equipment and supplies of the new Little River Glen Adult Day Health Care Center; the full \$45,680 requirement is partially met by the County Executive reduction of \$26,323 related to the closure of the Annandale Adult Day Health Care Center and the redirection of these funds to the Little River Glen Center.

HEALTH DEPARTMENT

- an increase of \$1,465,764 for additional contract support, including contracts for the prevention of the West Nile virus through mosquito surveillance and the treatment of affected locations, the Community Health Care Network contract, which provides primary medical services and medical preventative care to uninsured residents, and the Community Access Program, an information technology application which will capture eligibility data about underinsured and uninsured populations in Fairfax County.
 - a decrease of \$127,000 in funding for community organization grants for the prevention of HIV, as part of reductions made by the County Executive.
 - a net increase of \$90,858 in intergovernmental charges due to an increase of \$155,203 for Information Technology infrastructure charges based on the agency's historic usage, partially offset with reductions of \$50,900 for PC Replacement charges and \$13,445 for Department of Vehicle Services charges based on anticipated charges for fuel, the County motor pool, vehicle replacement, and maintenance costs.
- ◆ An increase in Recovered Costs of \$5,272 is due to the FY 2004 projected salaries of recoverable positions.
 - ◆ Capital Equipment funding of \$23,061 is included for equipment needs at the new Little River Glen Adult Day Care program.

The following funding adjustments reflect all approved changes to the FY 2003 Revised Budget Plan since passage of the FY 2003 Adopted Budget Plan. Included are all adjustments made as part of the FY 2002 Carryover Review and all other approved changes through December 31, 2002:

- ◆ As part of the FY 2002 Carryover Review, \$438,990 was added, including \$405,790 in encumbered carryover primarily related to existing service contracts and equipment and supplies not yet received, and \$33,200 in unencumbered carryover for a pending translation contract.
- ◆ The County Executive approved a redirection of 1/1.0 SYE position to this agency from Agency 68, Department of Administration for Human Services, to support the Long-Term Care Task Force. No corresponding funding adjustment was required in FY 2003.
- ◆ The County Executive approved a redirection of 1/1.0 SYE position to this agency from Fund 116, Forest Integrated Pest Management Program to support the West Nile virus program. This position is responsible for the development of a countywide plan for surveillance and treatment of affected areas. No corresponding funding adjustment was required in FY 2003.

HEALTH DEPARTMENT



Administrative and Support Services

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	5/ 5	5/ 5	6/ 6	6/ 6	6/ 6
Exempt	1/ 1	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	\$1,540,523	\$1,334,027	\$1,569,642	\$1,635,897	\$1,581,698

Goal

To assure access to quality health care for citizens of Fairfax County and to protect the public's health.

Performance Measures

Objectives

- ♦ To improve overall health status and provide timely access to clinical services, maintaining an average patient wait time of 15 minutes.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Walk-in clinic visits	63,560	69,772	72,000 / 75,158	75,000	75,000
Efficiency:					
Cost per visit	\$9.92	\$12.00	\$13.00 / \$11.00	\$11.50	\$12.99
Service Quality:					
Percent of satisfied clients	97%	96%	95% / 95%	95%	95%
Outcome:					
Patient wait time per client visit (minutes)	18	23	15 / 26	15	15

HEALTH DEPARTMENT



Dental Health Services

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	4/ 4	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	\$453,221	\$461,396	\$494,905	\$468,909	\$466,315

Goal

To complete preventive and restorative dental treatment in order to improve the health of low-income children through prevention and/or control of dental disease.

Performance Measures

Objectives

- ◆ To complete preventative and restorative dental treatment for 60 percent of the children seen.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
New patients visits (1)	1,734	1,672	2,100 / 1,542	1,600	1,600
Total visits	3,706	3,408	4,900 / 3,704	3,785	3,785
Patients screened (2)	NA	NA	NA / 1,804	1,800	1,800
Education sessions (2)	NA	NA	NA / 87	85	85
Efficiency:					
Cost per visit (3)	\$108.37	\$133.12	\$75.60 / \$64.29	\$65.00	\$80.10
Net cost to County	\$21.90	\$62.44	\$21.10 / \$51.85	\$50.00	\$70.17
Service Quality:					
Customer satisfaction index	75.0%	95.0%	75.0% / 97.1%	97.0%	97.0%
Outcome:					
Percent of treatment completed (1)	68%	95%	80% / 56%	60%	60%

(1) In FY 2002 there was an increased focus on children ineligible for Medicaid and other assistance. This focus reduced the number of new patients, but at the same time necessitated a longer period to complete treatment due to the complexity of dental problems.

(2) New indicator in FY 2002.

(3) In FY 2000 and FY 2001 costs were higher due to the unreliability of dental provider schedules impacting the ability to easily reschedule patients, and to patient no-shows. Costs remained fixed while there were fewer patients, increasing the cost per patient.

HEALTH DEPARTMENT



Environmental Health Services

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	62/ 62	62/ 62	66/ 66	66/ 66	65/ 65
Total Expenditures	\$4,091,846	\$4,361,725	\$5,177,567	\$5,801,205	\$4,773,172

Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing, minimizing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

Performance Measures

Objectives

- ♦ To maintain the percentage of public food establishments identified as in compliance with health, sanitation, and safety regulations at 40 percent.
- ♦ To maintain the percentage of improperly installed water well supplies that pose the potential for waterborne diseases that are corrected within 30 days at 55 percent and to move towards a target of 90 percent.
- ♦ To maintain the percentage of complaints dealing with commercial and residential blighted properties; residential safe and sanitary property maintenance code violations; rat, cockroach, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 60 percent and to move towards a target of 90 percent.
- ♦ To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage born diseases that are corrected within 30 days at 83 percent and to move towards a target of 90 percent.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Regulated food establishments (1)	NA	NA	NA / 2,894	2,900	2,900
Services provided to food establishments (1)	NA	NA	NA / 19,088	19,050	19,050
Water well supply services	5,691	5,373	5,400 / 5,030	5,100	5,100
Community health and safety complaints investigated	3,682	3,406	3,500 / 3,147	3,300	3,300
Community health and safety services	11,653	11,915	12,000 / 12,479	12,000	12,000
Sewage disposal system services	7,924	8,975	8,500 / 8,729	8,500	8,500

HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Efficiency:					
Regulated food establishments/EHS ratio (1)	NA	NA	NA / 180:1	181:1	181:1
Water well services / EHS ratio	569:1	537:1	540:1 / 503:1	510:1	510:1
Community health and safety complaints / EHS ratio	526:1	487:1	500:1 / 450:1	471:1	471:1
Community health and safety services / EHS ratio	1,665:1	1,702:1	1,714:1 / 1,783:1	1,714:1	1,714:1
Sewage disposal system services / EHS ratio	792:1	898:1	850:1 / 850:1	850:1	850:1
Service Quality:					
Percent of regulated food establishments inspected (1)	NA	NA	NA / 99.9%	100.0%	100.0%
Average number of inspections to correct out-of-compliance water well supplies	1.1	1.2	1.5 / 1.1	1.2	1.2
Percent of community health and safety complaints responded to within 3 days	52.0%	50.1%	48.0% / 58.0%	48.0%	48.0%
Average number of inspections to correct out-of-compliance sewage disposal systems	2.8	2.7	3.0 / 3.0	3.0	3.0
Outcome:					
Percent of regulated food establishments that are in full compliance the day of inspection (1) (2)	NA	NA	NA / 25.7%	40.0%	40.0%
Percent of out-of-compliance water well supplies corrected within 30 days	40.0%	43.9%	45.0% / 51.6%	55.0%	55.0%
Percent of community health and safety complaints resolved within 60 days	59.0%	60.4%	65.0% / 56.2%	60.0%	60.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	81.6%	82.2%	83.0% / 79.3%	83.0%	83.0%

EHS = Environmental Health Specialist.

(1) This is a new indicator, beginning in FY 2002, due to a reorganization of the Division. Before this time all public establishments had been measured, rather than simply food establishments (which comprise 98 percent of workload).

(2) Hundreds of critical items are inspected for food establishments, and a violation of one critical item will put an establishment out of compliance the day of inspection. Food establishments attempt to make immediate corrections when items are noted by inspectors. It is noted that, with implementation of a Statewide database for violations, "critical compliance" may be redefined.

HEALTH DEPARTMENT



Family Planning Services

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	5/ 5	0/ 0	0/ 0	0/ 0	0/ 0
Total Expenditures	\$213,216	\$0	\$0	\$0	\$0

NOTE: The funding and positions related to this cost center have been moved to the Maternal and Child Health Services Cost Center in FY 2003.



General Medical Services

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	79/ 78.5	79/ 78.5	82/ 81.5	81/ 80.5	82/ 81.5
Total Expenditures	\$13,272,492	\$13,979,365	\$14,113,271	\$14,342,852	\$14,308,454

Goal

To ensure that the adults in the community experience a minimum of preventable illness, disability, and premature death and that health service utilization and costs attributable to chronic diseases/conditions will be reduced. In addition, to improve access to medical care for low-income, uninsured residents of Fairfax County.

Performance Measures

Objectives

- ◆ For the Community Health Care Network, to provide appropriate and timely access to primary health care for low-income, uninsured Fairfax County residents. The number of patient visits in FY 2004 will increase 3 percent and reach 46,205, a level still within the maximum visits allowed under the existing contract with the provider.
- ◆ For the Communicable Disease Program, to reduce the incidence of tuberculosis from 9.0/100,000 population to 8.5/100,000 and to move toward the Healthy People 2010 objective of 1.0/100,000 population. In addition, to reduce the incidence of sexually transmitted diseases and other preventable communicable diseases through prevention, early diagnosis and treatment. For sexually transmitted disease, 100 percent of cases will be treated. For tuberculosis, 95 percent of cases will complete therapy.
- ◆ For the HIV/AIDS Program, to maintain the incidence of HIV in the County under the Virginia rate of 12 cases per 100,000 population; to hold the County rate of infection at 9.0/100,000 population; and to move toward the Healthy People 2010 goal of 1.0/100,000 through HIV education, counseling/testing, and the provision of care for HIV-positive Fairfax County residents.

HEALTH DEPARTMENT

- ◆ For the Dementia/Respite Program, to provide, through contractual arrangements, Bathing/Respite In-Home services for at least 200 adults living in Fairfax County. To provide through contractual arrangements the Saturday Center-Based Respite Program for 50 impaired adults living in Fairfax County. To maintain a positive response from 95 percent of surveyed clients and caregivers benefiting from these services.
- ◆ For the Pre-Admission Medicaid Screening program, to provide access to Pre-Admission Screenings for Medicaid funded services for 300 adults with chronic conditions and disabilities. To achieve a positive response from at least 95 percent of the clients and caregivers achieving their goals under the program.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Community Health Care Network: Primary care visits	42,231	44,319	45,500 / 44,005	44,885	46,205
Communicable Disease: Clients served in TB screening prevention and case management (1)	17,121	17,776	16,000 / 16,388	16,000	16,000
Communicable Disease: Clients served in STD program	3,711	3,765	3,700 / 3,933	3,800	3,800
Communicable Disease: Communicable disease investigations	520	572	600 / 571	600	600
Adult immunizations given (2)	21,065	24,271	24,000 / 16,000	21,000	21,000
HIV/AIDS: Clients receiving HIV outreach, education, counseling and testing (3)	23,203	28,714	22,000 / 37,368	25,200	6,500
HIV/AIDS: HIV primary medical care (4)	82	72	70 / 70	70	70
HIV/AIDS: Percent of Adults with TB tested for HIV	55%	75%	75% / 68%	75%	75%
Dementia/Respite Program: Bathing/respite clients served per year	168	161	175 / 177	200	200
Dementia/Respite Program: Center-based clients per year	46	49	50 / 41	50	50
Dementia/Respite Program: In-home service hours	12,619	16,511	17,950 / 19,998	20,000	20,000
Dementia/Respite Program: Center-based program service units	253	395	400 / 323	350	350
Pre-Admission Medicaid Screening: Clients screened	281	260	270 / 324	300	300
Pre-Admission Medicaid Screening: Nursing Home	89	107	85 / 121	110	110
Pre-Admission Medicaid Screening: Personal Care	118	96	115 / 134	130	130
Pre-Admission Medicaid Screening: Adult Day Health Care	10	2	12 / 5	6	6

HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Pre-Admission Medicaid Screening: ADHC and Personal Care	22	18	20 / 20	20	20
Pre-Admission Medicaid Screening: Respite Care	1	1	1 / 0	1	1
Pre-Admission Medicaid Screening: Personal Attendant Services	6	4	5 / 3	3	3
Pre-Admission Medicaid Screening: Denials	35	32	32 / 41	30	30
Efficiency:					
Community Health Care Network: Net cost to County per visit	\$187	\$181	\$181 / \$196	\$196	\$194
Communicable Disease: TB total cost per client (5)	NA	\$42	\$42 / \$55	\$59	\$62
Communicable Disease: TB County cost per client (5)	NA	\$7	\$7 / \$15	\$18	\$21
Communicable Disease: STD total program cost per client (5)	NA	\$63	\$63 / \$109	\$119	\$121
Communicable Disease: STD County cost per client (5)	NA	\$13	\$13 / \$40	\$46	\$48
Communicable Disease: Communicable disease investigation total cost per client (5)	NA	\$367	\$367 / \$446	\$445	\$465
Communicable Disease: Communicable disease investigation County cost per client (5)	NA	\$47	\$47 / \$110	\$124	\$145
Communicable Disease: Adult immunization total cost per adult (5)	NA	\$18	\$18 / \$32	\$26	\$27
Communicable Disease: Adult immunization County cost per adult (5)	NA	\$4	\$4 / \$10	\$9	\$10
Communicable Disease: STD County cost per client (5)	NA	NA	NA	NA	NA
HIV/AIDS: Cost per client outreach/education/counseling and testing (6)	\$21	\$23	\$23 / \$20	\$30	NA
HIV/AIDS: Cost to County per client outreach/education/ counseling and testing (6)	\$21	\$16	\$16 / \$14	\$21	NA
HIV/AIDS: Cost per client HIV primary care (4)	\$1,843	\$2,100	\$2,100 / \$1,778	\$1,778	\$1,778
Dementia/Respite Program: Cost of in-home services per client (7)	\$1,597	\$2,263	\$3,265 / \$2,415	\$2,752	\$2,184
Dementia/Respite Program: Net cost to County (7)	\$1,439	\$2,204	\$3,208 / \$2,365	\$2,673	\$2,129

HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Pre-Admission Medicaid Screening: Cost per client (8)	\$140	\$152	\$146 / \$122	\$209	\$219
Pre-Admission Medicaid Screening: Net cost per client to County (8)	\$89	\$100	\$94 / \$70	\$157	\$168
Service Quality:					
Community Health Care Network: Percent of clients satisfied with their care at health centers	95%	94%	98% / 92%	95%	95%
Community Health Care Network: Percent of clients whose eligibility is determined on the first enrollment visit	61%	73%	65% / 78%	80%	80%
Communicable Disease: Percent of cases reviewed meeting established guidelines	95%	95%	95% / 95%	96%	95%
Communicable Disease: Percent of clients satisfied with communicable disease program	95%	95%	95% / 95%	95%	95%
HIV/AIDS: Number satisfied with prevention programs	6,335	5,476	NA / 6,541	6,500	6,500
HIV/AIDS: Percent satisfied with prevention programs	98%	98%	95% / 98%	95%	95%
HIV/AIDS: Number satisfied with HIV primary medical care	12	25	NA / 70	70	70
HIV/AIDS: Percent satisfied with HIV primary medical care	100%	98%	95% / 98%	95%	95%
Dementia/Respite Program: Clients surveyed	NA	100%	100% / NA	100%	100%
Dementia/Respite Program: Percent of clients/caregivers satisfied	97%	99%	95% / 94%	95%	95%
Pre-Admission Medicaid Screening: Clients surveyed	NA	21%	100% / 100%	100%	100%
Pre-Admission Medicaid Screening: Percent of clients/caregivers satisfied	NA	100%	95% / 95%	95%	95%
Percent of families surveyed who rate their therapy service as good or excellent	NA	NA	NA / 100%	100%	100%
Outcome:					
Community Health Care Network: Percent increase in number of visits provided over the previous year	4.0%	5.0%	2.0% / (0.1%)	2.0%	3.0%
Communicable Disease: Rate of TB Disease/100,000 population (8)	8.2	9.1	9.0 / 8.9	9.0	8.5

HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Communicable Disease: Number of TB cases discharged completing therapy	52	74	NA / 87	85	85
Communicable Disease: Percent of TB cases discharged completing therapy	100%	96%	95% / 98%	95%	95%
Communicable Disease: Number of STD cases treated (9)	1,500	1,450	NA / 1,550	1,500	1,500
Communicable Disease: Percent of STD cases treated (9)	100%	100%	100% / 100%	100%	100%
HIV/AIDS: Rate of HIV infection/100,000 population (8)	9.9	6.4	8.0 / 9.5	9.0	9.0
HIV/AIDS: Number positive receiving counseling and referral (10)	43	21	NA / 20	20	20
HIV/AIDS: Percent positive receiving counseling and referral	96%	62%	90% / 98%	90%	90%
HIV/AIDS: Number of participants who meet program objectives	6,252	5,352	NA / 6,420	6,500	6,500
HIV/AIDS: Percent of participants who meet program objectives	98%	95%	95% / 99%	95%	95%
Dementia/Respite Program: Percent of clients/caregivers who benefited from the program	97%	96%	95% / 97%	95%	95%
Dementia/Respite Program: Percent of clients whose goals were satisfied	94%	98%	90% / 95%	95%	95%
Pre-Admission Medicaid Screening: Percent of clients whose goals were satisfied	NA	90%	95% / 95%	95%	95%

(1) Anticipate a stabilization and/or decrease in the number of clients tested for TB as a result of new testing guidelines.

(2) FY 2002 decrease in numbers for adult immunizations due to unexpected shortages and/or cessation of vaccines from manufacturer(s). Anticipate some continued shortages in FY 2003 and FY 2004.

(3) The FY 2004 reduction to 6,500 clients from 25,200 in FY 2003 results from a combination of the County Executive budget reduction of \$127,000 in HIV grants to community organizations, and to the elimination of the Virginia Department of Health (VDH) program grant funding which provided community outreach and education to a large number of clients. (The VDH Community Collaborative AIDS project was eliminated January 1, 2003. The VDH Minority AIDS Project grants are scheduled to end December 31, 2003.) It is also noted that the high level of FY 2002 actuals (37,368) includes numbers reached through a one-time radio broadcast initiative by one County contractor.

(4) Prior to FY 2002 the County provided primary medical care to patients with HIV/AIDS. In FY 2002, as a result of discussions with Inova on the redesign of the provision of care, it was decided that all 70 clients in the County's Case Management Program for HIV/AIDS would be transferred to Inova, under the existing contract and at no additional cost to the County. FY 2003 County costs will decrease as a result of this arrangement.

(5) FY 2001 actuals did not include fringe benefits. FY 2002 actuals include fringe benefits.

HEALTH DEPARTMENT

(6) No indicator is provided for FY 2004 due to the combination of the County Executive budget reduction of \$127,000 in HIV grants to community organizations, and to the elimination of the Virginia Department of Health (VDH) program grant funding, which provided community outreach and education to a large number of clients. (The VDH Community Collaborative AIDS project was eliminated January 1, 2003. The VDH Minority AIDS Project grants are scheduled to end December 31, 2003.) The clients served in FY 2004 will be those served directly by County staff through some smaller outreach efforts and through one-on-one contact in County Health clinics where individual screening, counseling and testing is provided. It also is noted that costs per client were unusually low in FY 2002 because that year included clients reached through a one-time radio broadcast initiative by one County contractor, while costs remained fixed and could be spread over a larger population.

(7) FY 2002 cost of service decreased due to a reduction of nursing time spent in direct/indirect service, combined with position turnover, resulting in lower base salaries.

(8) Rates of TB and HIV infection are based on calendar year, not fiscal year.

(9) Includes cases diagnosed elsewhere and treated in the Health Department. In addition, enhanced surveillance for HIV infection accounts for the higher number of cases in FY 2002.

(10) During FY 2001 the Adult Detention Center provided HIV testing to inmates; many were released before counseling and referral occurred.



Maternal and Child Health Services

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	148/ 145.7	153/ 150.7	152/ 149.7	154/ 151.7	153/ 150.7
Total Expenditures	\$9,388,075	\$10,009,923	\$9,900,574	\$10,572,770	\$10,505,921

NOTE: Funding and positions related to Family Planning have been merged into Maternal and Child Health Services in FY 2003.

Goal

To provide maternity, infant, and child health care emphasizing preventative services to achieve optimum health, and well being. To provide pregnancy testing, counseling and referral in order to promote early identification and referral in an effort to improve pregnancy outcome.

Performance Measures

Objectives

- ♦ To maintain the percentage of at risk pregnant women who obtain prenatal care at 85 percent. To improve the percentage under care in the first trimester by 1 percentage points, from 67 percent to 68 percent, moving toward the national goal of 90 percent by the year 2010.
- ♦ To improve the immunization rate of children served by the Health Department by 3 percentage points, from 80 percent to 83 percent, and to move towards the Healthy People 2010 goal of 90 percent.
- ♦ To maintain the incidence of low birth weight for all Health Department clients at 4.8 percent. To maintain the low birth weight among at risk mothers at 6.4 percent.
- ♦ To have health plans in place by the end of October for 98 percent of students with identified health needs. This is a decrease of 1 percent from the FY 2002 Actual due to minimizing overtime to achieve the goal.

HEALTH DEPARTMENT

- ◆ Under the Speech Language Program, to increase from 75 percent to 80 percent the percentage of the client base discharged as requiring no further follow-up.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Pregnancy Testing: Number tested	3,870	3,873	3,900 / 4,213	4,000	4,000
Pregnancy Testing: Number positive	2,795	3,012	3,000 / 3,278	3,200	3,200
Immunizations: Children seen (1)	18,194	28,732	29,000 / 26,657	29,000	28,000
Immunizations: Vaccines given (1)	42,128	56,293	60,000 / 59,360	60,000	60,000
Maternity: Pregnant women served	2,060	2,096	2,070 / 2,398	2,200	2,200
School Health: Students	155,224	158,331	163,149 / 166,072	168,822	171,311
School Health: Assessments	108,489	135,232	109,000 / 144,235	136,000	140,000
School Health: Students with identified health needs who have plans in place within 40 days (end of October)	31,907	30,227	31,500 / 30,939	30,400	31,898
School Health: Students with identified health needs who have plans in place by year end	31,955	30,251	32,500 / 31,153	30,500	32,549
Speech Language: Client visits (2)	5,140	4,338	5,000 / 3,966	5,000	5,200
Efficiency:					
Pregnancy Testing: Cost per client	\$60.00	\$47.00	\$50.00 / \$44.00	\$47.92	\$49.19
Pregnancy Testing: Cost per client to County	NA	\$22.00	\$25.00 / \$27.00	\$30.44	\$31.71
Immunizations: Cost per visit (3) (4)	\$123.00	\$19.00	\$20.00 / \$18.64	\$17.68	\$19.38
Immunizations: Cost per client to County (3) (4)	\$62.00	\$12.00	\$14.00 / \$10.83	\$9.95	\$10.31
Immunizations: Cost per vaccine (3)	\$53.00	\$10.00	\$11.00 / \$8.40	\$8.31	\$8.31
Immunizations: Cost per vaccine to County (3)	\$27.00	\$6.00	\$8.00 / \$4.86	\$4.81	\$4.81
Maternity: Cost per client served (3)	\$1,322	\$790	\$800 / \$655	\$745	\$779
Maternity: Cost per client to the County (3)	\$605	\$475	\$480 / \$363	\$428	\$461
School Health: Cost per student assessed	\$24.00	\$25.28	\$26.00 / \$25.52	\$28.32	\$28.79
Speech Language: Net cost per visit (5)	\$86.90	\$84.47	\$80.00 / \$141.00	\$118.00	\$120.00

HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Service Quality:					
Pregnancy Testing: Percent satisfied with service	97%	96%	95% / 96%	95%	95%
Immunizations: Percent satisfied with service	97%	96%	97% / 96%	97%	97%
School Health: Percent of families satisfied with service	99%	99%	98% / 98%	98%	98%
Speech Language: Percent of survey families who rate their therapy service as good or excellent	99%	100%	100% / 99%	100%	100%
Outcome:					
Pregnancy Testing: Percent at risk under care	86%	85%	85% / 85%	85%	85%
Pregnancy Testing: Percent first trimester patients under care	64%	61%	63% / 66%	67%	68%
Immunizations: Two-year-old completion rate	81%	80%	82% / 77%	80%	83%
Maternity: Overall low birth weight	5.6%	5.3%	5.0% / 4.8%	4.8%	4.8%
Maternity: Low birth weight to at risk mothers	6.7%	6.5%	6.0% / 6.4%	6.4%	6.4%
School Health: Percent of students with identified health needs who are assessed and have health plans in place within 40 days (end of October)	99%	99%	96% / 99%	98%	98%
Speech Language: Percent of students discharged as corrected; no follow-up needed (6)	19.3%	44.0%	65.0% / 73.0%	75.0%	80.0%

(1) FY 2001 increase is due to new vaccines for infants and to the requirement for Hepatitis B for school entry.

(2) Number of client visits decreased significantly September 2001 until March 2002 due to the impact of September 11, 2001. Number of client visits is now normalized, and the number is expected to rise further in FY 2003, then again in FY 2004, due to the institution of charges for cancellations and no-shows.

(3) FY 2001 change in program costs reflects new method of data collection for FY 2001, basing costs on actual hours of delivery time for a particular service (i.e., immunizations), instead of on the total costs of staff who work within the Maternal and Child Health Services program area.

(4) Note: CDC information states that for every dollar spent on immunizations the following is saved in future medical costs: MMR - \$16.34, DTP - \$6.21, Chickenpox - \$5.40.

(5) Indicator is based on client visits and not on the number of clients, as some clients are seen more than once a week. Costs rise beginning with the FY 2002 Estimate due to the inclusion of fringe benefits. In FY 2002 decreased client visits following September 11, 2001 also increased the cost per client since costs are fixed.

(6) In FY 2002 the discharge objective was revised to no longer include students who transfer into the Fairfax County Public School System.

HEALTH DEPARTMENT



Health Support Services

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	15/ 15	15/ 15	15/ 15	15/ 15	15/ 15
Total Expenditures	\$1,808,019	\$1,960,365	\$1,950,022	\$2,018,853	\$2,012,507

Goal

To provide quality-assured and timely public health laboratory services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and in the enforcement of local ordinances, State laws, and Federal regulations.

Performance Measures

Objectives

- ♦ To continue to ensure the highest level of testing quality by maintaining the laboratory's 100 percent recertification and 98 percent scoring level on proficiency tests conducted annually by regulatory agencies for licensing purposes. The agency's scoring level exceeds the accepted benchmark of 80 percent generally accepted for satisfactory performance.
- ♦ To maintain the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving citizens the expense of needless shots) at 91 percent in FY 2004, and to continue moving toward a target of 95 percent. To make it possible for 90 percent of citizens to avoid needless rabies post-exposure shots by the timely receipt of negative lab results.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Tests reported (1)	201,438	207,524	250,000 / 197,442	225,000	225,000
Quality assurance procedures performed	84,679	74,842	80,000 / 72,216	80,000	80,000
Rabies tests reported	823	683	700 / 709	700	700
Efficiency:					
Average cost/all tests (2)	\$1.52	\$1.50	\$2.96 / \$3.04	\$3.76	\$3.76
Analyses/SYE	15,898	16,609	15,942 / 17,067	16,000	16,000
Cost/rabies test	\$41.65	\$46.51	\$53.19 / \$45.41	\$59.00	\$59.00
Service Quality:					
Average score on proficiency testing events	99.8%	98.2%	98.0% / 99.3%	98.0%	98.0%
Percent of rabies tests involving critical human exposure completed within 24 hours	89.0%	88.7%	91.0% / 91.2%	91.0%	91.0%

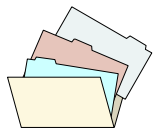
HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Outcome:					
Recertifications received	100%	100%	100% / 100%	100%	100%
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results (3)	89%	90%	90% / 93%	90%	90%

(1) Test volume estimates depend on extension of laboratory services to other County agencies once information system interfaces are fully operational. In FY 2002, a number of laboratory tests were referred to outside laboratories during information system implementation.

(2) In FY 2002 the agency revised how it allocated revenue to this cost center. Revenues not directly attributable to lab services were eliminated, increasing the average cost per test.

(3) The average cost of a series of rabies post-exposure immunizations is approximately \$2,000. In FY 2002, 727 citizens received negative results within 24 hours, saving an estimated \$1,454,000 in medical costs.



Clinic Room Aides

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	184/ 114.56	184/ 114.56	182/ 114.98	188/ 119.51	188/ 119.51
Total Expenditures	\$4,016,666	\$3,658,511	\$4,141,023	\$4,158,338	\$4,130,396

Goal

To maximize the health potential of school age children by providing health support services in the school setting in cooperation with the Public Health Nurse.

Performance Measures

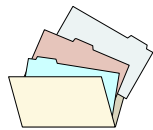
Objectives

- ♦ To maintain the provision of CRA services at 96 percent of all students.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Visits to sick and injured/medications by CRA	1,369,942	1,176,084	1,370,000 / 1,014,771	1,012,316	1,025,853
Visits to sick and injured/medications by FCPS staff	49,777	47,289	48,000 / 38,569	45,000	47,000
Efficiency:					
Cost per visit by CRA	\$2.97	\$3.54	\$3.50 / \$3.97	\$4.17	\$4.32

HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Service Quality:					
Percent of FCPS staff satisfied with services	95.0%	95.4%	97.0% / 98.0%	98.0%	98.0%
Percent of patients satisfied with services	99.0%	99.8%	98.0% / 99.0%	99.0%	99.0%
Outcome:					
Percent of students receiving health support from CRA's	99.0%	96.1%	96.0% / 96.0%	96.0%	96.0%



Adult Day Health Care Centers

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	44/ 44	44/ 44	44/ 44	45/ 45	44/ 44
Total Expenditures	\$1,845,419	\$1,991,812	\$2,034,648	\$2,153,336	\$2,074,634

Goal

To provide adults with disabilities a comprehensive day program designed to assist individuals to remain in the community, to obtain a maximum level of health, to prevent or delay further disabilities, and to provide respite for family members/caregivers.

Performance Measures

Objectives

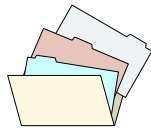
- ♦ To provide annual adult day health care services to 347 adults with disabilities (average of 126 participants per day) who live in Fairfax County, Falls Church and Fairfax City and to maintain a positive response from 96 percent of clients and 96 percent of caregivers regarding benefits of the adult day health program.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Clients served per day	100	102	126 / 107	120	126
Clients per year	284	271	361 / 316	347	347
Operating days	249	248	249 / 248	248	248
Clients surveyed	168	166	225 / 194	208	236

HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Efficiency:					
Cost of service per client per day (1)	\$55.00	\$57.00	\$61.00 / \$70.00	\$64.00	\$81.00
Net cost per client to the County (1)	\$28.00	\$29.00	\$35.00 / \$43.00	\$38.00	\$55.00
Service Quality:					
Percent of clients/caregivers satisfied with service	100%	100%	100% / 100%	100%	100%
Percent of clients to receive assessments	NA	100%	100% / 100%	100%	100%
Percent of participants to receive quarterly reports	NA	100%	100% / 100%	100%	100%
Outcome:					
Percent of clients who indicated benefits from the program	95%	92%	92% / 95%	96%	96%
Percent of caregivers who indicated benefits from the program	95%	96%	96% / 96%	96%	96%

(1) In FY 2004, the total cost reflects the addition of fringe benefits to personnel costs. This is not reflected in prior years.



Air Pollution Control

Cost Center Summary					
Category	FY 2002 Actual	FY 2003 Adopted Budget Plan	FY 2003 Revised Budget Plan	FY 2004 Advertised Budget Plan	FY 2004 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	6/ 6	6/ 6	3/ 3	3/ 3	3/ 3
Total Expenditures	\$323,261	\$302,416	\$104,753	\$321,128	\$318,320

Goal

To produce the highest quality air pollution data for the public, government agencies, and other interested parties. This data is used to make meaningful decisions regarding the effectiveness of air pollution regulations and progress toward meeting ambient air quality standards in order to protect the health and welfare of Fairfax County citizens.

HEALTH DEPARTMENT

Performance Measures

Objectives

- ♦ To maintain the monitoring index at 95 percent or better.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Measurements made	334,248	337,001	337,269 / 302,545	304,593	336,352
Efficiency:					
Average cost per measurement	\$0.74	\$49.00	\$0.79 / \$0.56	\$0.45	\$0.44
Service Quality:					
Data accuracy (1)	3.3	3.4	5.0 / 3.0	5.0	5.0
Outcome:					
Monitoring index (2)	96.1%	94.7%	95.0% / 96.4%	95.0%	95.0%

(1) The Data Accuracy service quality indicator is a quantitative evaluation of the quality of the air pollution data produced. It is an average of all single point calibrations done without regard to a specific pollutant. A calibration is the process of establishing a relationship between the output of a measurement process and a known input. Due to random variation inherent in measurement/calibration processes the difference between the output of a measurement process and a known input is usually not zero. Therefore service quality indicator at or below 5 percent is considered high quality data.

(2) The Monitoring Index is a measure of how effectively the air quality monitoring program accomplished E.P.A. quality assurance requirements. A high monitoring index provides assurance that the work prescribed for the air quality monitoring program has been conducted properly. Therefore a high monitoring index and a low data accuracy service quality indicator implies high quality data from which meaningful decisions can be made regarding the abatement of air pollution.